NOTICE OF FILING/CLAIM FEE(S) DUE

TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THE FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: 08/994047

Total Fee Calculation

	Fee Code Sm./Lg.	Total # Claims	Number Extra	X	Fee Sm. Entity	Fee = Lg. Entity	Tot
Basic Filing Fee	201/101				—	746	—
Total Claims >20	203/103	27	-20 = 7	X	—	154	—
Independent Claims >3	202/102	5	-3 = 2	X	—	82	—
Mult. Dep Claim Present	204/104				—	—	—
Surcharge	205/105				—	1026	—
English Translation	139						—

TOTAL FEE CALCULATION

—

Fees due upon filing the application:

Total Filing Fees Due = $ 1156.00

Less Filing Fees Submitted - $ —0—

BALANCE DUE = $ 1156.00

H. Sellman
Office of Initial Patent Examination

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 1997

Application or Docket Number: 08/994647

CLAIMS AS FILED - PART I

FOR	NUMBER FILED (Column 1)	NUMBER EXTRA (Column 2)	SMALL ENTITY TYPE ☐ RATE	FEE	OR	OTHER THAN SMALL ENTITY RATE	FEE
BASIC FEE				395.00	OR		790.00
TOTAL CLAIMS	22 minus 20 =	* 2	x$11=		OR	x$22=	154
INDEPENDENT CLAIMS	5 minus 3 =	* 2	x41=		OR	x82=	82
MULTIPLE DEPENDENT CLAIM PRESENT			+135=		OR	+270=	
			TOTAL		OR	TOTAL	1026

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	SMALL ENTITY RATE	ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDI-TIONAL FEE
Total	* 28	Minus	** 27	= 1	x$11=		OR	x$22=	1870
Independent	* 5	Minus	*** 3	=	x41=		OR	x82=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+135=		OR	+270=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	SMALL ENTITY RATE	ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDI-TIONAL FEE
Total	*	Minus	**	=	x$11=		OR	x$22=	
Independent	*	Minus	***	=	x41=		OR	x82=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+135=		OR	+270=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	SMALL ENTITY RATE	ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDI-TIONAL FEE
Total	*	Minus	**	=	x$11=		OR	x$22=	
Independent	*	Minus	***	=	x41=		OR	x82=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+135=		OR	+270=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.